## **West Virginia Department of Transportation**



## **Dealer Vehicle Liability and Property Damage Certificate of Insurance**

| Trade Name of Dealership:   |  |                                      |
|---|--|--------------------------------------|
| Address of Dealership:  |  |                                      |
| Policy Number:  |  |                                      |
| From:   | То:  |                                      |
| Effective Dates:  |  |                                      |
| Name of Insurer:  |  |                                      |
| Home Office Address of Insurer:   |  |                                      |
| owned by said dealership wit  | lity and property damage insuring said dealership (or any othe<br>th the express or implied permission of said dealership) agains<br>vnership, operation, maintenance of use of such vehicle (subje<br>h vehicle as follows: | t loss from liability imposed by law |
| thousand dollars because of   | cause of bodily injury to or death of one person in one accident<br>bodily injury to or death of two or more persons in any accident<br>ined by others in any one accident.  |                                      |
|   | liability policy requirements due to the terminology "vehicle" mu<br>lars from damages arising from the ownership of the dealership  |                                      |
|   | peen cancelled by either the insurer or the insured, the insur<br>rty (30) days prior to such cancellation in writing at its Charl   |                                      |
| I hereby state under penalty of false swearing and penalties outlined in Chapter 17 of the West Virginia Motor Vehicle Laws that there is in effect a liability insurance policy on the described business in accordance with the provisions of the West Virginia Motor Vehicle Laws. |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
| <u>(x)</u>  |  | /                                    |
|   | Signature of Authorized Insurance Company Representative   | Date                                 |